-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT REC FOR BINDING MARGIN RESERVED

V. S. No. 1 N. B.—

stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPA-D. Every item of inforproperly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County Tung 4	Registration Dist. No.
Village or City / Wall (Male) (If	death occurred in a hospital of institution, give ity NAME instead of street and number)
Length of residence in city or sewn where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME All JOHN 1	f Weals U. S. Veteran, specify WAR
(a) Residence: No. Walkuit	4 St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX / A 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBANO of	22, HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	10 10
C DATE OF DIPTH (mostly day and most)	I lest saw h elive on, 19; death is sai
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 29 m.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were es follows:
8 Trade profession or particular	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	and burn.
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work west done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	
10. Date deceased last worked at this occupation (month end year) spent in this occupation occupation	
my.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	fremature 6 mg
13. NAME	
13. NAME 14. BIRTHPLACE/city or town)	Name of operation Date of
(State of Educaty)	What test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
[5] 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
The state of country	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Wallfull. Ind.	Specify whether injury occurred in thousand, in home, or in robert (Ends.
18. BURIAL, CREMATION, DR REMOVAL / Of	Manner of injury
Place Stand Circl Date 12 ,1937	- Nature of injury
tout Bowen	24. Wes disease or injury is any way related to ordupation of deceased?
19. UNDERTAKER (Address) Deland Crue, Ned	If so, specify
10/2 10/2 1057 July King	(Signed) MOGITY M.
20. FILED, 199	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1997	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Da)
County Calvert	Registration Dist. No. 52
Village or City Met. Harmony	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How iong in U.S. if of foreign birth?yrsmosds.
6. 11 92	
	If U.S. Veteran specify WAR
(a) Residence: No. M. Harmon (Using place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL FARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Serife	21. DATE OF DEATH October 15 (Pay) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from , 19, 19, 19, 19
6. DATE OF BIRTH (month, day, end year) 9 28 - 37	I last saw h elive on, 19; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Rook REPER, etc. 9. Industry or business in which	no physican in allowers
9. Industry or business in which work was done as SILK MILL	
work was done, as SILK MILL, SAW MILL, BANK, etc	Sufficiation a socidentale Course
this occupation (month and year)	Probably overlaid by mothers.
01.10.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Leader (State or country)	
11 13. NAME Cornest Jacks	
14. BIRTHPLACE (city or town) Wh. Harmony	Name of operation Date of
(State or country) Rand,	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Annie Lla	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) Net. Harmony	Accident, suicide, or homicide? Resident. Date of injury 19 19
E (State or country) Red.	Where did injury occur?
17. INFORMANT Ten Glas (Address) Vel. Hornous, Nel.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DRY REMOVAL / 18/	Manner of injury
Place M. Nope Date 117 1937	Nature of Injury
19. UNDERTAKER OSCAL GLES	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Mil. Hope, Ned.	if so, specify
20. FILED 117, 19 37 V. M. Registrar.	(Signed) M. D. (Address) M. D.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
BURGAU V. S.			
Other contributory causes of importance:	10.7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONA	L SPACE FOR FURTHER	R STATEMENTS BY	PHYSICIAN	
For authorization	So change d	ete abirth	see brillices	I. on Tele
regued try Bertha	Sarage. 11/	17/37. 3.		0

2. FULL NAME ALCOHOL STRING ST	STATE OF MARYLAND—	CERTIFICATE OF DEATH 10777
Village or City. Prince Excellent M. 16 A. Row long in a horpist or institution, give in NAME intended of street and number) Length of residence in city or town where death occurred. 2. FULL NAME A. Row long in U.S. to I foreign birth?. (a) Residence: No. Mental and State State College of Model. PERSONAL AND STATISTICAL PARTICULARS 3. SEX ***MODICAL CRITIFICATE OF DEATH ***STATISTICAL PARTICULARS 3. SEX ***MODICAL CRITIFICATE OF DEATH ***STATISTICAL PARTICULARS 3. SINCE, MARKE, MARKE, MAD DEAD DEAD OF COLLEGE OF DEATH ***STATISTICAL PARTICULARS 3. SINCE AND STATISTICAL PARTICULARS 3. SINCE, MARKE, MARKE, MAD DEAD DEAD OF COLLEGE OF DEATH ***MODICAL CRITIFICATE OF DEATH ***STATISTICAL PARTICULARS 3. SINCE AND STATISTICAL PARTICULARS 4. COLOR OR RACE OR DIVORCED (-mink to boweld) ***MODICAL CRITIFICATE OF DEATH ***STATISTICAL PARTICULARS ***STATISTICAL PARTICULAR PARTICULARS ***S	1. PLACE OF DEATH	(P)
Village or City. Painted Tuelden M. 16 All Care of the Accounted in a horpital or institution, give in NAME intended of street and number) Length of residence in city or town where death occurred. yts. mos. ds. Now hong in U.S. It of foreign birth). yts. mos. ds. 2. FULL NAME (a) Residence: No. Methods of Color of Natural State of Model of Color of Natural State of Model of Color of Natural State of Model of Color of Natural State of Natural	County Calvert	Registration Dist. No. 57
Length of residence in city or town where death occurred in a hospital or institution, give in NAME instead of street and number) 2. FULL NAME (a) Residence: No Principle of the Company of the Compan	Village or City Prime Frederick. mo	
2. FULL NAME (a) Residence: No Mentington (Industrian Specify WAR (b) Residence: No Mentington for the Constitution of the C	Oli Chiange Charles and Chiange Chiang	death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No Abunding from Straight Charactery (Unadjace of 1954) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SNCLE, MARRIED, WIDDWED, OR DIVORCED Curried by word) Warried, widowed, or divorced (1954) 1. Married, widowed, or divorced (1954) 3. NET OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1954) 3. DATE OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1954) 3. DATE OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1954) 3. DATE OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1954) 3. DATE OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1954) 3. DATE OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1955) 3. DATE OF BIRTH (month, day, and year) 1. Married, widowed, or divorced (1955) 3. DATE OF BIRTH (month, day, and year) 1. Married (and year) 1. Married, widowed, or divorced (1955) 3. Date of BIRTH (month, day, and year) 1. Married, widowed, or divorced (1955) 3. Date of BIRTH (month, day, and year) 1. Married, widowed, or divorced 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year) 1. Married, widowed, or divorced at this exception (month and year		ds. How long in U.S. if or foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("wise the word) So. If married, widowed, or divorced ("Color will be word) 5. LI MARRIED, WIDOWED, OR DIVORCED ("wise the word) 5. LI HER EBY CERTIFY That I attended deceased from ("Color will for or wind) 5. DATE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 5. DATE OF BIRTH (month, day, and year) 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. Year 8. Trade, profession, or particular 8. ATTAGE, profession, or particular 8. AND MILLE BANK, etc. 9. Industry to basiness in which is said to have occurred on the date stated causes of importance were as a tollows. 9. Industry to basiness in which is spann in this socupation (month and year) 9. O. Oats deceased last worked at this occupation (month and year) 13. NAME 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. AND	0.1	1 2 /1
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE No. 1 No. 1 S. STAGE, MARKER, MINOWED OR DIVORCED Combe thy word) S. DATE OF DEATH (Month) S. DATE OF BIRTH (month, day, and year) S. Trade, profession, or particular The PRINCIPAL CAUSE of DEATH and trainted causes of Importance Will and S. Trade, profession, or particular S. Trade, profession,	(a) Residence: No Acontangton - Jong ella	
Martinet, widowed, or divorced HUSEAND (Month) 22. HEREBY CERTIFY. That i standed deceased from HUSEAND (Month) 22. HEREBY CERTIFY. That is attended deceased from HUSEAND (Month) 23. HEREBY CERTIFY. That is attended deceased from HUSEAND (Month) 24. HEREBY CERTIFY. That is attended deceased from HUSEAND (Month) 25. Trade, profession, or particular (Month), day, and year) Lept. 1.2	4	
Month) (089) (Year) 5.8. If matries, widewed, or divorced (ca) wife-of Carroline B. Wicken (ca) wife-of Carroline B. Wife-of Carroline		21. DATE OF DEATH / 200 2
5. DATE OF BIRTH (month, day, and year) Paper 12, 1838 of last gwh hAML aliva on Octability 7, 1937, death is said to have occurred on the date stated above, at. Die m. 7. AGE Years Months Days II LESS than I day. hrs. 8. Trade, profession, or particular kind of work done, as SPINNER for which the said to have occurred on the date stated above, at. Die m. 7. Inspection of particular kind of work done, as SPINNER for which worked at this occupation month and occupation. 8. Industry or business in which worked at this occupation month and occupation. 9. Industry or business in which worked at this occupation month and occupation. 10. Osta decased last worked at this occupation month and occupation. 11. SAW MILL, BANK, etc. 12. BIRTHPLACE (city or town). Bushbarrad Other Contributor, Cause of importance of importance of the Contributor, Cause of importance of the Contributor, Cause of importance of importance of the Contributor, Cause of importance of the Contributor, Cause of importance of impor	0-0-0-0	(Month) (Oav) (Year)
6. DATE OF BIRTH (month, day, and year) Pept. 2, 1838 that to have occurred on the date stated above, at 1937, death is said to have occurred on the date stated above, at 102 m. The PRICEPAL CAUSE OF DEATH and related causas of importance were as follows: 8. Trade, profession, or particular lind of work some, as SPINNER, lind of work some a	5a. If marriad, widowed, or divorced	
5. DATE OF BIRTH (month, day, and year) Left 12, 85 7. AGE Yeers Months Days II LESS than 1 day, In the profession, or particular or min. or		
7. AGE Yeers Months Days II LESS than I day. In The PRINCIPLA CAUSE OF DEATH end related causes of Importance were as follows: 8. Trade, profession, or particular find of work done, as SPINNER, If Committee the service of the profession of particular find of work done, as SPINNER, If Committee the service of the profession of particular find of work done, as SPINNER, If Committee the service of the profession of particular find of work done, as SPINNER, If Committee the service of the profession of the particular find the work was done, as SPINNER, If Committee the work was done, as SPINNER, If Committee the profession of the particular find the work was done, as SPINNER, If Committee the particular find the work was done, as SPINNER, If Committee the particular find the par		
8. Trade, profession, or particular were as follows: Were Cautiful Libertuck Were as follows: Were Cautiful Libertuck We		7005
8. Trade, profession, or particular Mind of work done as SPINNER Life Incurance. 9. Industry or business in which work was done, as SILK MILL. SIMPLE BOOKKEPER atc. 9. Industry or business in which work was done, as SILK MILL. SID. Oats deceased last worked at spent in this occupation (month and year). 10. Oats deceased last worked at spent in this occupation (month and year). 11. BIRTHPLACE (city or town). (State or country) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 21. Informant Mans 16. BIRTHPLACE (city or town). (State or country) 22. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT Mans 18. BURLAL, CREMATION, OR REMOVAL. Place 19. Undertaker (Address) 19. January Oate 19. January Oate 19. January Oate 19. January Oate Oate 19. January Oate Oat	79 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
Sind of work done, as SPINNER. If warmanee Sawyer, Bookkepper, atc. I warmanee Sawyer, Bookkepper, Book Sowyer, Bookkepper, Books, Specify or town). See Sawyer, Books, Specify or town. State or country) 13. NAME August Wilchelds 14. BIRTHPLACE (city or town). See Sawyer, Books, Specify or town). State or country) 15. MAIDEN NAME Wilchest Sawyer, Specify or town. State or country) 16. BIRTHPLACE (city or town). See Sawyer, Specify or town. State or country) 17. INFORMANT Mass Alban Powelf See See Sawyer, Specify or town, County and State). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wally or town, County and State). Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed). Signed Signe	1 8. Trade, profession, or particular	Unite of onset
9. Industry or business in which was done as SILK MILL, SAW MILL, BANK, etc. 10. Oats deceased last worked at this occupation (month and years) 12. BIRTHPLACE (city or town). Berkheund (State or country) 13. NAME August Hills (State or country) 14. BIRTHPLACE (city or town). State or country) 15. MAIDEN NAME Welfarming 16. BIRTHPLACE (city or town). Surmany 17. INFORMANT Man Outher Country 18. BURIAL, CREMATION, OR REMOVAL Place Madress) 19. UNDETTAKER 19. UNDETTAKER 19. 13. A Man of Description 19. Signed 19. Sign	kind of work done, as SPINNER, Life Ansurance	Prostatie Hynestranky Sistes
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address)	9 Industry or husiness in which	Chronic Monneyla Carterio
this occupation (month and yaar) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Place 18. BURIAL, CREMATION, OR REMOVAL Place 19. UNDERTAKER 19. UNDERTAKER 10. 19. 37. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	I Dir	solutio Megitalis Sept 5
Other Contributary Caneses of importance: (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place Washing 19. UNDERTAKER (Address) 20. FILEO 20. FILEO 20. FILEO Other Contributary Caneses of importance: (State or country) Other Contributary Caneses of importance: (State or country) (State or country) Name of operation Natural Calculation Was there an aulopsy? Accident, suicide, or homicide? Date of injury Nhere did Injury occurr? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER (Address) Manner of injury In any way ralated to occupation of decased? If so, specify (Signed) (Signed) M. D. (Signed) M. D. (Address) M. D. (State or country)	this occupation (month and spant in this 7	Operation for gall-stones, July, 1937. Owler.
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Place 18. BURIAL, CREMATION, OR REMOVAL (Address) 19. UNDERTAKER (Address) 20. FILEO 23. I Sate or country) 17. Oate 18. Oate 19. Oate 20. FILEO 20. FILEO 20. Oate 21. Oate 21. Oate 22. Oate 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? 22. Oate of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Manner of injury Natura of injury Natura of injury 19. Oate 19. Oa		
13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL Place 18. BURIAL Oate O		
Name of operation. Date of	- June la say	- Sporotion for terigor prostatio by pertrophy Disguste 1237.
What test confirmed diagnosis? CALLALLIM Was there an aulopsy? 15. MAIDEN NAME Wilfermina 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Mass Orthor Downless (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wasley 19. UNDERTAKER 19. UNDERTAKER 19. UNDERTAKER 10. 19. 37 10. FILEO 10. 19. 37 11. State or country) What test confirmed diagnosis? CALLALLIM Was there an aulopsy? 23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury Where did Injury occurr? (Specify city or town, country and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER 19. O. Harberia A Center of Company of the	II Migust Nilescett	Name of a state
15. MAIDEN NAME Welhameria 23. If death was due to external causes (VIOL ENCE) fill In also the following: 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT Pros Orthon Powell (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wasley (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 10. FILEO 230 19. 37 10. Information in the following: 20. FILEO 230 10. Information in also the following: Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Natura of injury 19. UNDERTAKER (Address) 19. Information in also the following: Accident, suicide, or homicide? Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury 19. UNDERTAKER (Address) 19. Information in INDUSTRY, in HOME, or in PUBLIC PLACE. (Signed) 19. Was disease or injury in any way related to occupation of decaased? (Signed) M. D. Registrar. (Address) M. D. (Address) M. D. (Address) M. D. (Address) M. D. (Address)	(04-4	O sold at the
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Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wasley Oate Oa		
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) Prime Frederick Med 18. BURIAL, CREMATION, OR REMOVAL Place Wasley. Oate Oct., 30, 19.57 Natura of injury. 19. UNDERTAKER O. Harbeness Frederick Fre	(State or country)	
(Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wasley. Oate Oct., 30, 19-57 Natura of injury. 19. UNDERTAKER (Address) Manner of injury. 24. Was disease or injury in any way related to occupation of decased? (Address) 16 so, specify (Signed) (Signed) Manner of injury (Address)	17 INFORMANT MAN ONTHEN DOWNER	(Specify city or town, county and State)
Place Wasley. Oate Oct., 30, 19-57 Natura of injury. 19. UNDERTAKER 9. 6. Harbeness & Sent 24. Was disease or injury in any way related to occupation of decased? 24. Was disease or injury in any way related to occupation of decased? 16 so, specify (Signed) (Signed) M. D. Registrar. (Address) M. D.		
19. UNDERTAKER 9. 0. Harboness 4 Sent 24. Was disease or injury In any way related to occupation of decased? 20. FILEO 130, 1937 2. N. Jury (Signed) (Signed) M. D. Registrar.	18. BURIAL, CREMATION, OR REMOVAL	
(Address) 20. FILEO / 30 ,19 3 7 D. N. Trag) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Place Wister Oate Co. 30, 19 37	Natura of injury
20. FILEO 130 1937 D. M. Torge (Signed) Affect Stell Medicine M. D. Registrar. (Address Tells le Frederica M. D.	19. UNDERTAKER 4. O. Harbeness & Son	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO , 19 1 Legistrar. (Address) July le Frederica	(Address) mulual, and	
		1//26/4100 10- 31
IT MOVE DIAMET Are meeded, address Visto Manachusus, man N. Charles Visto, D. D D D	1	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	PD1	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
15		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Calvert	CERTIFICATE OF DEATH
De A	Registration Dist. No. 50
Village or City Upplat (No	St.: Ward) (If death occurred a hospital or instit tion, give its NAME i
2FULL NAME Malel Keys	stead of street ar number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Gemale Plack Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH October 24, 1987 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
October 24, 1937	
(Month) (Day) /(Yea/t)	that I last saw halive on, 192
7 AGE	
yrs. mos. ds. or min.	The CAUSE OF DEATH * was ns follows:
B OCCUPATION (a) Trade, profession or	Stillborn
particular kind of work NANA	(midjorfe "
(b) General nature of industry business, or establishment in	mandy dotrell
which employed or (employer)	Donell mal
9 BIRTHPLACE (State or country) appleal - Md	Contributory Secondary (Durstion) yrs
10 NAME OF	(Signed) & Coster M. I
FATHER Tamlo 6, Keys	10/24 1927 (Address) Solomono, ml
OF FATHER Z (State or country) applal - manyang	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Ella Beau	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
13 BIRTHPLACE OF MOTHER CEMPLEAL, monshault	At place of death yes mos. ds, State yrs mos d
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
In the Exercise	Former or usual residence
(Informant) James 6 regs	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Coppeal, Mid.	Olives - md 10/25, 19 J
15 -10/24 10037 A.E.S. Posto.)	20 UNDERTAKER ADDRESS
Filed 192 Registrar	James E. Keys expeal. Md
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife House-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servan, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DISCEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis, stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); approved by accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all causing death), 29 ds.; L. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as cough; Committee on Chronic and consequences (e. g., sepsis Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the "hits is essential and must be obtained before the certificate is permanently filed.

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Every item of inforshould state OCCUPA-Jo PHYSICIANS Exact statement PERMANENT RE classified. certificate. See instructions on back plnods UNFADING INK-CAUSE OF DEATH in plain terms, so that supplied. mation should be carefully TION is very important. -WRITE PL. V. S. No. 1 ä

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	779
1/2 /	154	(8)	
County le alue		Registration Dist. No.	No
Village or City Length of residence In city or town when	al .	No. St., St., I death occurred in a hospital or institution, give its NAME instead of street and number of the street and	ber) ds.
A	, are can	If U. S. Veteran, specify WAR	
(a) Residence: No. Dus	(Usual place of abode)	St., Ward. If nonresident give city or town and State	e
PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX # 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193	3 3)
5a. If marriad, widowed, or divorcad HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY. That i attended dece	```
6. DATE OF BIRTH (month, day, and year)	20x 4. 193)	i last saw h alive on Ollsbrug 19 ; de	eath is said
7. AGE Yaars Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	, , , , , , , , , , , , , , , , , , , ,	Miliborn	ate of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc			
SAW MILL, BANK, atc	11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) Color (State or country)	which	Other Coutributory Causes of Importance:	
I 13. NAME Cefhes	Handell		
13. NAME (State or country)	mer & co	Name of operation Data of What tast confirmed diagnosis? Was there an autop	
15. MAIDEN NAME Velev 16. BIRTHPLACE (city or town)	alundas	23. If daath was due to external causes (VIOLENCE) fill in also the following: Accident, suicida, or homicide?	
17. INFORMANT Copher	(andall	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Mannar of injury Nature of injury

If so, specify

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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ļ.	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-CERTIFICATE OF DEATH

infor	Stat UPA	1. PLACE OF DEATH	(100)	
of	OCC	County Callery	Registration Dist. No. 5-2	
item of		Village or City M clows	NoSt.,	Ward
* 144	0	(If Length of rasidence In city of Lowb Whera deeth occurredmos.	death occurred in a hospital or institution, give its NAME instead of street and num	
Every	ent	1) Vin 1'- 1500	1	us.
É	statement	2. FULL NAME	1f U. S. Veteran, specify WAR	
D. Co.	sta	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Sta	ale
CORD. Every	Et	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
T RE	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH (Month) (Dey)	93
ING	A A C I I	5a. If married, widowed, or divoyced HUSBAND of		
TAN A	A C	(or) WIFE of Lawrance I seld,	22. 1 HEREBY CERTIFY, That I attended the	eased from
		2 DATE OF BURTLY (most) to 1901	last saw h elive on 19 : d	death is seid
	rly rate.	6. DATE OF BIRTH (month, dey, and year) 7. AGE Yeers Months Deys If LESS then	to have occurred on the dete stated ebove, at	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OR 3 A	stated E properly certificate.	9 5 7 1/ I dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were es follows:	1
		8 Trade profession or particular	were es follows.	Date of onset
GE SIH.	be be	SAWYER, BODKKEEPER, etc.	Selmontage	~~~~~~~~
\ \frac{1}{2} =	may back	9. Industry or business in which work was done, es SILK MILL,	from, a	
因 X		work was done, es SILK MILL, SAW MILL, BANK, etc	Varicuse Vein of	1
	, to	this occupation (month end spent in this occupation	My.	Mis
Z.	AG.	772	Other Contributory Causes of Importance:	
N in	d. , so ucti	12. BIRTHPLACE (city or town) (Stete or country)		
ARGIN	ipplied. AGE terms, so tha instructions	II 13. NAME LAWREL SWEWN		
A E	4 4	14. BIRTHPLACE (city or town)	Name of operation Date of	
-	·= 70	(Stete of country)	What test confirmed diegnosis? Wes there an auto	opsy?
WI	fully n pla nt.	15. MAIDEN NAME OLA STOWN	23. If death wes due to externel causes (VIOLENCE) fill in also tha following:	
Κ,	be carefu EATH in l important.	16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	, 19
	AT mpc	Stata or country)	Where did injury occur? (Specify city or town, county and State)	
	hould be car OF DEATH very import	17. INFORMANT AMENI CLA (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE	E.
	700	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
WRITE		Place Date Community Date Community 1907	Nature of injury	
W.	mation CAUSI TION	19. UNDERTAKER Harry Hulolius	24. Wes disease or injury In any way related to occupation of decadsed?	
Š Š	101	(Address) WH Hormony	If so, specify	
vi .		20. FILED Cet. 5, 1937 Jugie P. Cerkeuler	(Signed)	
> 4		Registrar.	(Address)	14

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10781
1. PLACE OF DEATH	(67)
County Calvert	Registration Dist. No. 50
Village or City Calvert County Washelal	7 NoSt.,Ward
T (If	death occurred in a hospital or institution/give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Hanson Kaken	If U. S. Veteran, specify WAR
(a) Residence: No. Solomono	St., Ward.
(Usual place of abode)	If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH OF 3
male While Single	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY Thet I attended deceased from
(or) WIFE of	Oct 7 19 37,0 - Cet 31937
6. DATE OF BIRTH (month, day, end year) Mars 4. 1957	I last saw here elive on 0 1 3 19.3 7; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
4 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	String
9. Industry or business in which	Thomaso 1
work wes done, as SILK MILL, SAW MILL, BANK, etc. 1D. Date deceased last worked at 11. Totel time (years)	Kumph alieux 10/s/s
Ting occupation (month and) Spent in ting	13/3
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Calrect Co, Waspital	
(State or country)	
13. NAME James Elwood Robenson	
14. BIRTHPLACE (city or town) Solomons	Neme of operation Dete of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Rita Dous Walls 16. BIRTHPLACE (city or town) Ballimare	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Ballinge	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?
17. INFORMANT James Elleval Robinson	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Solomono	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place do lo mono M. E. Cemel Date (4c/ 5, 1937	Nature of injury
19. UNDERTAKER Q. Q. Harkenes & Lon	24. Was disease or injury in any way related to occupation of deceased
(Address) Truste of Trid.	If so, specify Objects to Dett:
10/4 37 RECONTON	(Signed) by D, Ource CM, D.
20. FILED	(Address) James Irelias etc, mg

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 8 1997	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
UEUKEAUV, S.	· ,		3 - 3 -	
The Department of Assess and Assess	2.2			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ALY, WITH UNFADING INK-THIS IS A PERMANENT REC properly classified.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

stated EXACTLY. PHYSICIANS should state KD. Every item of infor-Exact statement of OCCUPA. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be TION is very important. N. B.-WRITE PL.

1. PLACE OF DEATH	————®
County Calvare	Registration Dist. No. 5/
Village or City Leabour	NDSt., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Still bom Jome	If U. S. Veteran, specify WAR
(a) Residence: No Lease (Usual place of abode)	St., Ward. If nonresident give city or town and State.
PERSONAL AND STATISHICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Celober 18 , 193 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. Thet i attended deceased from
(or) WIFE of	22. THE REBINDER TO 19
6. DATE OF BIRTH (month, day, and year) Oct 18-37	i lest saw if allve on, 19; death is said
7. AGE Years Months Days If LESS, than	to have occurred on the date stated above, at
1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Still birth
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, letc	No.
10. Date deceased iast worked at this occupetion (month and year) 11. Total time (years) spent In this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Juney	
14. BIRTHPLACE (city or town)	Neme of operation
15. MAIDEN NAME Manne Jacobs	What test confirmed diegnosis? Was there an autopsy?
2 8 1	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Lasty Neg	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CHEMATLON, DR. REMOVAL	Menner of injury
Place 21 10 Date 15-18, 1937	Neture of Injury
19. UNDERTAKER Jane Joney	24. Wes diseese or injury in any way releted to occupation of deceased?
(Address) Justines med	If so, specify
20. FILED 10-18, 1937 8,77, 1200g	(Signed) M. D
Registrar.	(Address) male greaters

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. Ro. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis 5 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1. PLAC	E OF DEATH				<u> </u>			
Count	ly Calver	1				Registration	Dist. No. 51	
Villag	e or City Thu	-m JA.		(16	Nodeath occurred in a hospital or ins	titution give its NAM	St.,	Ward
Length	of residence in city f r to	wn where deat	h occurred		ds. How long In U.S.			
2. FULL	NAME Ste	el f	one	Ho	le If U. S. Vetera	an, specify WAR		
(a) R	esidence: No.	lun	Ph. n	1.	St., Ward.	,		
(4) (1	icoldenide. Ho	******	(Usual place o	f abode)			t give eity or town and	State
	SONAL AND ST					CERTIFICATI	E OF DEATH	
Male	4. COLOR OR I	race 5.	SINGLE, MARR OR DIVORGED	(write the word)	21. DATE OF DEATH	Ictoher (Month)	30.,	, 193_7
HUSBAN					22. I HEREE	CEPTIE	Y, That I attended	decessed from
(or) WIF	E of	,	79,				albudar	
6. DATE OF E	BIRTH (month, day, end ye	ear) 1 of	30/37		I last saw h aliye on.		19	_; death is said
7. AGE		Months	Days	If LESS than 1 day, hrs. ormin.	to have occurred on the date st The PRINCIPAL CAUSE OF DI were as follows:			1 Data dana
Z 8. Trade	e, profession, or particular	L			l p			Date of onset
SI	AWYER, BOOKKEEPER, et	tc			Steelhorn			
A Indus	stry or business in which ork was done, as SILK M AW MILL, BANK, etc	ILL,						
U 10. Date	deceased last worked at		11. Total tir	ne (years)			~~~~~~~~~~~~~~~~	-
	his occupation (month end ear)			tin this pation				
12. BIRTHPI	ACE (city or town)	Telm	1 Co.,		Other Contributory Causes of it	mportance:		
	or country)		Hed.					
13, NAME	E archie 1	Wall						
13. NAME	HPLACE (city or town)	Calne	1 Co.		Name of operation		Date of	
- (3	State or country)	Mus	<u>. </u>		What test confirmed diagnosis?	,	Was there an	autopsy?
15. MAID	DEN NAME /Cuth	Tree	w		23. If death was due to externel	causes (VIDL ENCE) 1	fill in also the following	g:
15. MAIDEN NAME Cuth Grean 16. BIRTHPLACE (city or town) Colour Co., (State or country)			Accident, sulcide, or homicide?		Date of Injury	, 19		
(State or country)		Where did Injury occur?	(Specify city o	or town, county and Sta	ite)			
17. INFORMAI (Addr	/	n au	to me		Specify whether injury occurre	d in INDUSTRY, in H	OME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Date 131 1937			Manner of injury					
19. UNDERTAKER Daid Parker (Address) Parker Come & Mand			24. Was disease or injury in any way related to occupation of deceased?					
20. FILED	of 30 , 1937	7 1	nte	Registrar.	(Signed) (Address)	me I	Frederi	M. D.
			-	1		77		

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1	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
3,			
نس	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

Birth Contisca	IONAL SPACE FOR FUI	ETHER STATEMENTS BY PHYS	ICIAN
	0 0		
/			